

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550179

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			1			
4				1		
5					1	
6						1
7						
8					1	
9						1
10						
11						
12						
13						
14					1	
15						
16					1	
17						1
18	1		1			
19		①	1			
20	1		1	1		
21		④		1		
22			1			
23				1		
24					1	
25		①		①		
26	1		1	①		
27		⑧	1	1		
28				①		
29	1		1			
30		1		1		
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49						
50						
TOTAL IND.			5			
TOTAL DEP.			25			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						